

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/585780		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3		2		1			53						
4		2		1			54						
5		2		1			55						
6		2		1			56						
7		2		1			57						
8	1		1				58						
9	1		1				59						
10	1		1				60						
11	1		1				61						
12	1		1				62						
13		5		1			63						
14		5		1			64						
15		2		1			65						
16		2		1			66						
17	1		1				67						
18	1		1				68						
19		2		1			69						
20		2		1			70						
21		2		1			71						
22		2		1			72						
23		2		1			73						
24		2		1			74						
25				1			75						
26				1			76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9	↓	9	↓	0	↓	TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	36	←	32	←	0	←	TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	45		41		0		TOTAL CLAIMS	0		0		0	

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